

UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

AE

Plaintiff(s) FERNANDO FONTANEZ

NOV 09 2007
NOV 09 2007

MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT

07CV6391

Defendant(s) DEPARTMENT OF HOMELAND SECURITY

AND
AGENT JEFFREY DABE AND
GENERAL COUNSEL GUS P. COLIBELLA

JUDGE HART

MAG. JUDGE ASHMAN

MOTION FOR APPOINTMENT OF COUNSEL

[NOTE: Failure to complete all items in this form may result in the denial of the motion for appointment of counsel]

1. I, FERNANDO FONTANEZ, declare that I am the (check appropriate box)
☒ plaintiff ☐ defendant in the above-entitled proceeding and state that I am unable to afford the services of an attorney, and hereby request the Court to appoint counsel to represent me in this proceeding.
2. In support of my motion, I declare that I have made the following attempts to retain counsel to represent me in this proceeding [NOTE: This item *must* be completed]:
3. In further support of my motion, I declare that (check appropriate box):
☐ I am not currently, nor previously have been, represented by an attorney appointed by the Court in this or any other civil or criminal proceeding before this Court.
☒ I am currently, or previously have been, represented by an attorney appointed by the Court in the proceeding(s) described on the back of this page.
4. In further support of my motion, I declare that (check appropriate box):
☐ I have attached an original Application for Leave to Proceed *In Forma Pauperis* in the proceeding detailing my financial status.
☐ I have previously filed an Application for Leave to Proceed *In Forma Pauperis* in this proceeding, and it is a true and correct representation of my financial status.
☐ I have previously filed an Application for Leave to Proceed *In Forma Pauperis* in this proceeding. However, my financial status has changed and I have attached an Amended Application to Proceed *In Forma Pauperis* to reflect my current financial status.
5. I declare under penalty that the foregoing is true and correct.

Movant's Signature

Street Address

11-9-7

Date

P.O. Box 578941

Chicago, Illinois 60657

City, State, ZIP

As indicated in paragraph three on the preceding page, I am currently, or previously have been, represented by an attorney appointed by this Court in the civil or criminal actions listed below.

Assigned Judge:	<u>VALDEZ</u>	Case Number:	<u>07C976</u>
Case Title:	<u>FONTANEZ VS. KHOUJABA</u>		
Appointed Attorney's Name:	<u>MYRON MALOFF</u>		
If this case is still pending, please check box	<input checked="checked" type="checkbox"/>		

Assigned Judge:		Case Number:	
Case Title:			
Appointed Attorney's Name:			
If this case is still pending, please check box	<input type="checkbox"/>		

Assigned Judge:		Case Number:	
Case Title:			
Appointed Attorney's Name:			
If this case is still pending, please check box	<input type="checkbox"/>		

Assigned Judge:		Case Number:	
Case Title:			
Appointed Attorney's Name:			
If this case is still pending, please check box	<input type="checkbox"/>		

11/74



State of Illinois
Department of Human Services

SEQ: 2729

NOTICE OF DECISION ON APPLICATION FOR CASH,
MEDICAL AND/OR FOOD STAMPS

DATE OF NOTICE	CAT.	L.O.	GRP.	BASIC	CASELOAD NUMBER
JULY 05, 2007	P3	217	03	H23916	904

FONTANEZ, FERNANDO 217
PO BOX 578941
CHICAGO, IL 60657-8941

LOCAL OFFICE
ADDRESS

WICKER PARK LOCAL OFFICE
1279 N. MILWAUKEE, 3RD FL
CHICAGO, IL 60622-2296

THIS NOTICE TELLS YOU WHAT ASSISTANCE YOU WILL GET AND WHO WILL GET IT. THIS NOTICE ALSO TELLS YOU WHAT ASSISTANCE YOU WILL NOT GET AND WHY. THE NOTICE THEN TELLS YOU HOW YOU CAN APPEAL IF YOU DISAGREE WITH OUR DECISIONS.

LOCAL OFFICE TELEPHONE NUMBER: (773) 292-2900
FOR THE HEARING IMPAIRED WHO HAVE A
TELEPHONE DEVICE FOR THE DEAF (TTY), CALL: (773) 227-3735

REGARDING YOUR APPLICATION FOR FOOD STAMPS FILED ON: 06/01/07 AND
REGARDING YOUR APPLICATION FOR ASSISTANCE FILED ON: 05/10/07

THE FOLLOWING PEOPLE WILL RECEIVE CASH ASSISTANCE UNDER THE AABD PROGRAM
AND MEDICAL ASSISTANCE UNDER THE MEDICAID PROGRAM.

NAME	RECIPIENT NUMBER
FERNANDO FONTANEZ	058442633

YOU CAN EXPECT YOUR FIRST CHECK IN THE AMOUNT OF \$ 176.49 ON OR ABOUT JULY 09, 2007
TO COVER YOUR NEEDS FROM JULY 02, 2007 THROUGH JULY 31, 2007. THEREAFTER YOU
CAN EXPECT YOUR FIRST REGULAR MONTHLY CHECK OF \$ 100.00 ON OR ABOUT AUGUST 10, 2007.

YOU AND/OR YOUR FAMILY ARE ELIGIBLE TO RECEIVE MEDICAL ASSISTANCE BEGINNING 05/01/07.

YOU WILL RECEIVE A MEDICAL ELIGIBILITY CARD IN THE MAIL. IF YOU OR A FAMILY MEMBER
WILL NEED A MEDICAL CARD SOONER, ASK YOUR CASEWORKER FOR A TEMPORARY MEDICAL
ELIGIBILITY CARD. THE UNPAID CHARGES FOR MEDICAL SERVICES PROVIDED TO THE PERSONS
LISTED ABOVE WILL BE PAID BY THE DEPARTMENT OF PUBLIC AID, IF THEY ARE WITHIN ITS
STANDARDS, ARE NOT COVERED BY INSURANCE OR OTHER MEDICAL BENEFITS AND PROVIDED BY
A VENDOR WHO IS CURRENTLY ENROLLED WITH THIS DEPARTMENT. TAKE YOUR MEDIPLAN
CARD TO THE MEDICAL PROVIDER SO THAT THE VENDOR CAN BILL THE DEPARTMENT OF PUBLIC
AID FOR UNPAID CHARGES.

MEDICAL BACKDATE

YOU HAVE NOT ASKED US TO PAY ANY MEDICAL BILLS YOU HAVE PRIOR TO THE MONTH IN
WHICH YOU APPLIED FOR MEDICAL ASSISTANCE.

FOOD STAMP BENEFITS:

THE FOLLOWING PEOPLE HAVE BEEN APPROVED FOR FOOD STAMP BENEFITS:

FERNANDO FONTANEZ

YOUR REGULAR MONTHLY BENEFITS WILL BE AVAILABLE APPROXIMATELY 08/10/07. THEY WILL BE
IN THE AMOUNT OF \$ 155.00 UNLESS YOU ARE NOTIFIED OTHERWISE.
THE AMOUNT YOU RECEIVE MAY BE LOWER IF YOU ARE REPAYING A PRIOR OVERPAYMENT.
YOU HAVE BEEN CERTIFIED TO RECEIVE FOOD STAMPS THROUGH 05/08.

11-11-07 Eligibility Period 12-10-07 Through	Case ID# 3 217 03 H23916 Number:
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FONTANEZ, FERNANDO
PO BOX 578941 CHICAGO, IL

ONLY THE FOLLOWING PERSONS ARE ELIGIBLE:

FERNANDO FONTANEZ ID#: 058442633 DOB: 06-15-63
MEDICAL

TOTAL NUMBER OF ELIGIBLE PERSONS: 1

03-110807

-Please see front of card for important information-



State of Illinois - Healthcare and Family Services
MediPlan Card



Case ID Number

P3 217 03 H23916

Eligibility Period

11-11-07 Through 12-10-07

CASELOAD: 904

FONTANEZ, FERNANDO
PO BOX 578941
CHICAGO, IL 60657-8941

HFS 469 (R-4-06)

03-110807

1478-0234